

## OPTS LOCET Hardcopy

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Participant Name \_\_\_\_\_

Completed by: \_\_\_\_\_

LOCET Initiated by: <b>Circle Answer:</b> DHH Designee		Applicant	Informant
Date LOCET Initiated:		<b>Time LOCET Initiated:</b>	
Type of LOCET:	Initial	Audit Review	
<b>Setting the Stage Mark Answer:</b> 1. The telephone specialist will discuss the medical eligibility determination process/issues generally with the informant, then read the statement to the informant and ask if he/she understands, clarify any misunderstandings, and finally select the answer given.  "I (informant) understand that the purpose of this interview is to determine if the person being assessed (applicant) meets medical eligibility criteria for publicly-funded long-term care services, and that I am expected to provide objective and accurate information about the applicant to assist in this determination." The following issues have been explained to me: A. The information I provide during this interview verified for quality improvement purposes B. The information I provide will be used to determine medical eligibility for long-term care services funded through the Louisiana Department of Health and Hospitals C. The results of this interview, and information about how to appeal the results, will be provided in writing to the applicant. D. The Louisiana Department of Health and Hospitals will conduct in-person interviews on a random sample of individuals who have applied to assess the accuracy of the information provided. E. All program requirements must be met for eligibility to any particular program.  3. Informant indicates that eligibility determination process/issues have been explained: Check for "Yes" <input type="checkbox"/>  <b>Information to Collect: Write / Mark Answers</b>  Informant Name: _____		5. Relationship of informant to applicant (select only one):  <input type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Child or Child-in-law <input type="radio"/> Other Relative - Include any relative who is not a child or child-in-law, or a current spouse. <input type="radio"/> Non-Relative Who is Not Captured in Above Categories <input type="radio"/> Other Health Care Professional - Social Worker or Case Manager who is not captured in above categories or other health professional <input type="radio"/> Qualified Hospital Representative - All calls from hospital representatives in which nursing facility placement is requested must be captured here. <input type="radio"/> Qualified Nursing Facility Representative - All calls from nursing facility representatives in which nursing facility placements requested must be captured here. <input type="radio"/> Other person calling to request nursing facility placement for an applicant.  6. Informant's information sources regarding the status/abilities of applicant (select all that apply): Direct observation of the applicant <input type="checkbox"/> From paid care providers <input type="checkbox"/> From family or other informal caregivers <input type="checkbox"/> Review of agency records, care provider status reports, etc. <input type="checkbox"/>	

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7. If **the only source** of information is from direct observation of applicant, indicate how recently observation occurred: within last 3 days; **Circle answer:**

Within last week;

within last month;

more than one month ago

### Activities of Daily Living Mark answers:

**1. Locomotion** Describe how the applicant moves between locations inside his/her place of residence. If the applicant uses a wheelchair, code self-sufficiency once in chair. Use the following codes to describe the applicant's self-performance during last 7 days:

☐ **Independent** No help or oversight --OR-- Help/oversight provided only 1 or 2 times during last 7 days

If you answered independent, answer this question:

Do you have trouble with walking in your home? ☐ Yes

☐ No (Go on to item 2)

If the answer is yes, answer this question: How hard is it for you to do?

☐ I have a little difficulty

☐ I have a lot of difficulty

☐ **Supervision** Oversight, encouragement or cueing provided 3 or more times during last 7 days, --OR-- Supervision 3 or more times plus physical assistance provided only 1 or 2 times during last 7 days

☐ **Limited assistance** Applicant highly involved in activity; Applicant received physical help in guided maneuvering of limbs or other non-weight-bearing assistance 3 or more times --OR-- More help provided only 1 or 2 times during last 7 days

☐ **Extensive assistance** While applicant performed part of activity over last 7-day period, help of following type provided 3 or more times: Weight bearing support ---OR-- Full performance by another during part (but not all) of last 7 days

☐ **Total dependence** Full performance by another during all of last 7 days

☐ **Activity did not occur** During entire 7 days (regardless of ability)

☐ **Unknown to informant**

**2. Eating** Describe how the applicant eats and drinks (regardless of skill). (Includes intake of nourishment by other means, e.g., tube feeding) Use the following codes to describe the applicant's self-performance during last 7 days:

☐ **Independent** No help or oversight --OR-- Help/oversight provided only 1 or 2 times during last 7 days

If you answered independent, answer this question:

Do you have trouble with eating? ☐ Yes

☐ No (Go on to item 3)

If the answer is yes, answer this question: How hard is it for you to do?

☐ I have a little difficulty

☐ I have a lot of difficulty

☐ **Supervision** Oversight, encouragement or cueing provided 3 or more times during last 7 days, --OR-- Supervision 3 or more times plus physical assistance provided only 1 or 2 times during last 7 days

☐ **Limited assistance** Applicant highly involved in activity; Applicant received physical help in guided maneuvering of limbs or other non-weight-bearing assistance 3 or more times --OR-- More help provided

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only 1 or 2 times during last 7 days

☐ **Extensive assistance** While applicant performed part of activity over last 7-day period, help of following type provided 3 or more times: Weight bearing support ---OR--- Full performance by another during part (but not all) of last 7 days

☐ **Total dependence** Full performance by another during all of last 7 days

☐ **Activity did not occur** During entire 7 days (regardless of ability)

☐ **Unknown to informant**

**3. Transfer** Describe how the applicant moves to and from surfaces, e.g., bed, chair, wheelchair, standing position. (EXCLUDE transferring to/from bath/toilet.) Use the following codes to describe the applicant's self-performance during last 7 days:

☐ **Independent** No help or oversight --OR-- Help/oversight provided only 1 or 2 times during last 7 days  
If you answered independent, answer this question:

Do you have trouble with transferring? ☐ Yes ☐ No (Go on to item 4)

If the answer is yes, answer this question: How hard is it for you to do?

☐ I have a little difficulty ☐ I have a lot of difficulty

☐ **Supervision** Oversight, encouragement or cueing provided 3 or more times during last 7 days, --OR-- Supervision 3 or more times plus physical assistance provided only 1 or 2 times during last 7 days

☐ **Limited assistance** Applicant highly involved in activity; Applicant received physical help in guided maneuvering of limbs or other non-weight-bearing assistance 3 or more times --OR-- More help provided only 1 or 2 times during last 7 days

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☐ **Unknown to informant**

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**4. Bed Mobility** Describe how the applicant moves to and from a lying position, turns side to side, and positions body while in bed. Use the following codes to describe the applicant's self-performance during last 7 days:

- ☐ **Independent** No help or oversight --OR-- Help/oversight provided only 1 or 2 times during last 7 days  
If you answered independent, answer this question:  
 Do you have trouble with moving yourself in bed? ☐ Yes ☐ No (Go on to item 5)

If the answer is yes, answer this question: How hard is it for you to do?

- ☐ I have a little difficulty ☐ I have a lot of difficulty

- ☐ **Supervision** Oversight, encouragement or cueing provided 3 or more times during last 7 days, --OR-- Supervision 3 or more times plus physical assistance provided only 1 or 2 times during last 7 days

- ☐ **Limited assistance** Applicant highly involved in activity; Applicant received physical help in guided maneuvering of limbs or other non-weight-bearing assistance 3 or more times --OR-- More help provided only 1 or 2 times during last 7 days

- ☐ **Extensive assistance** While applicant performed part of activity over last 7-day period, help of following type provided 3 or more times: Weight bearing support ---OR-- Full performance by another during part (but not all) of last 7 days

- ☐ **Total dependence** Full performance by another during all of last 7 days

- ☐ **Activity did not occur** During entire 7 days (regardless of ability)

- ☐ **Unknown to informant**

**5. Toilet Use** Describe how the applicant uses the toilet (or commode, bedpan, urinal). Include transfer on/off toilet, cleaning self, changing pad, managing ostomy or catheter, adjusting clothes. Use the following codes to describe the applicant's self-performance during last 7 days:

- ☐ **Independent** No help or oversight --OR-- Help/oversight provided only 1 or 2 times during last 7 days  
If you answered independent, answer this question:  
 Do you have trouble with using the toilet? ☐ Yes ☐ No (Go on to item 6)

If the answer is yes, answer this question: How hard is it for you to do?

- ☐ I have a little difficulty ☐ I have a lot of difficulty

- ☐ **Supervision** Oversight, encouragement or cueing provided 3 or more times during last 7 days, --OR-- Supervision 3 or more times plus physical assistance provided only 1 or 2 times during last 7 days

- ☐ **Limited assistance** Applicant highly involved in activity; Applicant received physical help in guided maneuvering of limbs or other non-weight-bearing assistance 3 or more times --OR-- More help provided only 1 or 2 times during last 7 days

- ☐ **Extensive assistance** While applicant performed part of activity over last 7-day period, help of following type provided 3 or more times: Weight bearing support ---OR-- Full performance by another

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during part (but not all) of last 7 days

- ☐ **Total dependence** Full performance by another during all of last 7 days
- ☐ **Activity did not occur** During entire 7 days (regardless of ability)
- ☐ **Unknown to informant**

**6. Dressing** Describe how the applicant dresses and undresses him/herself, including prostheses, orthotics, fasteners, belts, shoes, and underwear. Use the following codes to describe the applicant's self-performance during last 7 days:

- ☐ **Independent** No help or oversight --OR-- Help/oversight provided only 1 or 2 times during last 7 days

If you answered independent, answer this question:

Do you have trouble with dressing? ☐ Yes

☐ No (Go on to item 7)

If the answer is yes, answer this question: How hard is it for you to do?

- ☐ I have a little difficulty
- ☐ I have a lot of difficulty

- ☐ **Supervision** Oversight, encouragement or cueing provided 3 or more times during last 7 days, --OR-- Supervision 3 or more times plus physical assistance provided only 1 or 2 times during last 7 days

- ☐ **Limited assistance** Applicant highly involved in activity; Applicant received physical help in guided maneuvering of limbs or other non-weight-bearing assistance 3 or more times --OR-- More help provided only 1 or 2 times during last 7 days

- ☐ **Extensive assistance** While applicant performed part of activity over last 7-day period, help of following type provided 3 or more times: Weight bearing support ---OR-- Full performance by another during part (but not all) of last 7 days

- ☐ **Total dependence** Full performance by another during all of last 7 days

- ☐ **Activity did not occur** During entire 7 days (regardless of ability)

- ☐ **Unknown to informant**

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**7. Personal Hygiene** Describe how the applicant grooms him/herself, including combing hair, brushing teeth, washing/drying face/hands, shaving. (EXCLUDE baths and showers.) Use the following codes to describe the applicant's self-performance during last 7 days:

☐ **Independent** No help or oversight --OR-- Help/oversight provided only 1 or 2 times during last 7 days

If you answered independent, answer this question:

Do you have trouble with performance of personal hygiene? ☐ Yes ☐ No (Go on to item 8)

If the answer is yes, answer this question: How hard is it for you to do?

☐ I have a little difficulty ☐ I have a lot of difficulty

☐ **Supervision** Oversight, encouragement or cueing provided 3 or more times during last 7 days, --OR-- Supervision 3 or more times plus physical assistance provided only 1 or 2 times during last 7 days

☐ **Limited assistance** Applicant highly involved in activity; Applicant received physical help in guided maneuvering of limbs or other non-weight-bearing assistance 3 or more times --OR-- More help provided only 1 or 2 times during last 7 days

☐ **Extensive assistance** While applicant performed part of activity over last 7-day period, help of following type provided 3 or more times: Weight bearing support ---OR-- Full performance by another during part (but not all) of last 7 days

☐ **Total dependence** Full performance by another during all of last 7 days

☐ **Activity did not occur** During entire 7 days (regardless of ability)

☐ **Unknown to informant**

**8. Bathing** Describe how the applicant takes a full-body bath/shower or sponge bath (excluding washing hair or back). Use the following codes to describe the applicant's self-performance during last 7 days:

☐ **Independent** No help or oversight --OR-- Help/oversight provided only 1 or 2 times during last 7 days

If you answered independent, answer this question:

Do you have trouble with bathing? ☐ Yes ☐ No (Go on to Cognitive Performance Section)

If the answer is yes, answer this question: How hard is it for you to do?

☐ I have a little difficulty ☐ I have a lot of difficulty

☐ **Supervision** Oversight, encouragement or cueing provided 3 or more times during last 7 days, --OR-- Supervision 3 or more times plus physical assistance provided only 1 or 2 times during last 7 days

☐ **Limited assistance** Applicant highly involved in activity; Applicant received physical help in guided maneuvering of limbs or other non-weight-bearing assistance 3 or more times --OR-- More help provided only 1 or 2 times during last 7 days

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- ☐ **Total dependence** Full performance by another during all of last 7 days
- ☐ **Activity did not occur** During entire 7 days (regardless of ability)
- ☐ **Unknown to informant**

### COGNITIVE PERFORMANCE Mark Answers:

#### 1. Short-term Memory:

Does the applicant appear to recall recent events, for instance, when the applicant ate his/her last meal and what he/she ate?

- ☐ **Memory OK**
- ☐ **Memory problem**
- ☐ **Unknown to Informant**

#### 2. Cognitive Skills for Daily Decision-making:

How does the applicant make decisions about the tasks of daily life, such as planning how to spend his/her day, choosing what to wear, reliably using canes/walkers or other assistive equipment if needed?

- ☐ **Independent** --- Decisions consistent/reasonable
- ☐ **Minimally impaired** --- Some difficulty in new situations or decisions poor and requires cueing/supervision in specific situations only
- ☐ **Moderately impaired** --- Decisions consistently poor or unsafe; cues or supervision required at all times
- ☐ **Severely impaired** --- Never/rarely makes decision
- ☐ **Unknown to informant**

#### 3. Making Self Understood:

How clearly is the applicant able to express or communicate his/her needs/requests? (Includes speech, writing, sign language, or word boards.)

- ☐ **Understood** --- Expresses ideas without difficulty
- ☐ **Usually understood** --- Difficulty finding words or finishing thoughts; prompting may be required
- ☐ **Sometimes understood** --- Ability is limited to making concrete requests
- ☐ **Rarely/never understood**
- ☐ **Unknown to informant**

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**Behavior Mark Answers:**

**1. Wandering**

In the last seven days, did the applicant wander, that is, move around with no rational purpose, seemingly oblivious to his/her needs or safety?

Code for behavior symptom frequency in the last 7 days:

- ☐ Behavior not exhibited in last 7 days
- ☐ Behavior of this type occurred 1 to 3 days in last 7 days
- ☐ Behavior of this type occurred 4 to 6 days, but less than daily
- ☐ Behavior of this type occurred daily
- ☐ Unknown to informant

**2. Verbally abusive behavior**

In the last seven days, did the applicant threaten or scream at others?

Code for behavior symptom frequency in the last 7 days:

- ☐ Behavior not exhibited in last 7 days
- ☐ Behavior of this type occurred 1 to 3 days in last 7 days
- ☐ Behavior of this type occurred 4 to 6 days, but less than daily
- ☐ Behavior of this type occurred daily
- ☐ Unknown to informant

**3. Physically abusive behavior**

In the last seven days, did the applicant hit, shove, scratch or otherwise act physically abusive or sexually abusive toward other people?

Code for behavior symptom frequency in the last 7 days:

- ☐ Behavior not exhibited in last 7 days
- ☐ Behavior of this type occurred 1 to 3 days in last 7 days
- ☐ Behavior of this type occurred 4 to 6 days, but less than daily
- ☐ Behavior of this type occurred daily

**4. Socially inappropriate/disruptive behavior**

In the last seven days, did the applicant make noise, engage in self-abusive acts, disrobe in public, hoard items, or rummage through others' belongings?

Code for behavior symptom frequency in the last 7 days:



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- ☐ Behavior not exhibited in last 7 days
- ☐ Behavior of this type occurred 1 to 3 days in last 7 days
- ☐ Behavior of this type occurred 4 to 6 days, but less than daily
- ☐ Behavior of this type occurred daily
- ☐ Unknown to informant

**5. Mental Health Problem/Condition Circle correct answers:**

Applicants who need long term care may experience delusions and hallucinations that impact the applicant's ability to live independently in the community.

Did the applicant experience delusions in the last 7 days? Yes No Unknown

If the answer is yes, answer this question: Did the applicant's delusions impact his/her ability to function in community within the last 7 days? Yes No Unknown

Did the applicant experience hallucinations in the last 7 days? Yes No Unknown

If the answer is yes, answer this question: Did the applicant's hallucinations impact his/her ability to function in community within the last 7 days? Yes No Unknown

**Service Dependency Circle correct answer(s):**

1. Is the applicant currently receiving services from the EDA Waiver, Community Choices Waiver, ADHC Waiver, PACE, LT-PCS or is currently a resident of a Nursing Facility? Yes No
2. If the answer is yes, answer this question: Has the applicant been receiving these services since before 12/01/2006 with no break in service and requires these services to maintain current functional status?  
Yes No

**Physician Involvement Write correct answers:**

1. In the last 14 days, how many days has a physician (or authorized assistant or practitioner) examined the applicant?

(Do not count emergency room exams or hospital in-patient visits.)

2. In the last 14 days, how many times has a physician (or authorized assistant or practitioner) changed the applicant's orders?

(Do not include order renewals without change; do not count hospital in-patient order changes.)

(If more than 14 order changes, code 14)

**Treatments and Conditions Circle correct answers:**

1. Has the applicant received any of the following health treatments, or been diagnosed with any of the following health conditions?

- |   |    |     |                      |
|---|----|-----|----------------------|
| a. Stage 3-4 pressure sores in the last 14 days   | No | Yes | Unknown to Informant |
| b. Intravenous feedings in the last 7 days  | No | Yes | Unknown to Informant |
| c. Intravenous medications in the last 14 days  | No | Yes | Unknown to Informant |
| d. Daily tracheostomy care, daily ventilator/respirator usage, daily suctioning in the last 14 days | No | Yes | Unknown to Informant |
| e. Pneumonia in the last 14 days  | No | Yes | Unknown to Informant |

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f. Daily respiratory therapy in the last 14 days	No	Yes	Unknown to Informant
g. Daily insulin injections with 2 or more order changes in the last 14 days	No	Yes	Unknown to Informant
h. Peritoneal or hemodialysis in the last 14 days	No	Yes	Unknown to Informant

### **Skilled Rehabilitation Therapies Write / circle correct answers:**

Record the total minutes each of the following therapies which was administered or is scheduled (for at least 15 minutes a day). Enter "0" if none or less than 15 minutes daily.

a. Total number of minutes provided **in last 7 days**:

1. Speech Therapy		Unknown to informant
2. Occupational Therapy		Unknown to informant
3. Physical Therapy		Unknown to informant

b. Total number of minutes scheduled **for next 7 days** but not yet administered:

1. Speech Therapy		Unknown to informant
2. Occupational Therapy		Unknown to informant
3. Physical Therapy		Unknown to informant

***The following items are not required  
when the caller is ONLY requesting Nursing Facility Services:***

### **Initial Targeting Criteria: Write / mark / circle correct answers:**

1. Has the applicant been a resident of a nursing home at any time during the last five years?

Yes No Unknown to Informant

2. Thinking of the person who usually helps or gives care for the applicant, please answer the following:

a. Care Giver's Name: \_\_\_\_\_

b. Care Giver's Date of Birth (MM/DD/YYYY): \_\_\_\_\_

c. If Date of Birth is not known, what is the Care Giver's current age? \_\_\_\_\_

d. Does the Care Giver have a disability? Yes No Unknown

3. **Bladder Continence:** Describe the applicant's control of urinary bladder function in the last 7 days (with appliances such as catheters or incontinence program employed). Use the following codes to describe the applicant's self-performance during the last 7 days:



**Continent** - complete control; no device used

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- ☐ **Continent with catheter** - complete control with use of any type of catheter
- ☐ **Usually continent** - incontinent episodes once a week or less
- ☐ **Incontinent** - incontinent episodes at least 2 times a week or more
- ☐ **Unknown to Informant**

**4.** Code for functioning in routine activities around the home or in the community during the last 7 days:

**4a. Meal Preparation:** How are meals prepared (for example, planning meals, cooking, assembling ingredients, setting out food and utensils):

- ☐ **Independent** - did on own
- ☐ **Some Help** - help some of the time
- ☐ **Full Help** - performed with help all of the time
- ☐ **By Others** - performed by others
- ☐ **Did not occur**
- ☐ **Unknown to Informant**

**4b. Shopping:** "Shopping" is performed for food and household items (for example, selecting items, managing money):

- ☐ **Independent** - did on own
- ☐ **Some Help** - help some of the time
- ☐ **Full Help** - performed with help all of the time
- ☐ **By Others** - performed by others
- ☐ **Did not occur**
- ☐ **Unknown to Informant**

**5.** In a typical week (during the last 30 days), give the number of days the applicant usually went out of the house or building in which the applicant lives, no matter how short a time:

- ☐ Every Day
- ☐ 2-6 Days a Week
- ☐ 1 Day a Week

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<input type="radio"/> No Days <input type="radio"/> Unknown to Informant			
<b>6.</b> Has the applicant's Activity of Daily Living self-performance status changed significantly compared to his/her status of 90 days ago? <input type="radio"/> No Change <input type="radio"/> Improved <input type="radio"/> Deteriorated <input type="radio"/> Unknown to Informant			
<b>7.</b> Has there been a sudden or new onset or change in mental functioning in the last seven days, including ability to pay attention, awareness of surroundings, being coherent, or unpredictable variation over the course of a day?      Yes      No      Unknown to Informant			
<b>8.</b> Does the applicant have one of the following diseases/conditions that a doctor has indicated is present AND affects the applicant's status, OR has required treatment or symptom management in the last 90 days?			
a. Alzheimer's disease	Yes	No	Unknown to Informant
b. Dementia other than Alzheimer's disease	Yes	No	Unknown to Informant
c. Head Trauma	Yes	No	Unknown to Informant
d. Multiple Sclerosis	Yes	No	Unknown to Informant
<b>Time LOCET Completed:</b>		<b>Number of minutes for LOCET:</b>	